

Application: 10/070,302  
 Filed: May 1, 2002  
 TC Art Unit: 1641  
 Confirmation No.: 2837

Rev 05/03

**WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP**  
 Ten Post Office Square  
 Boston, Massachusetts 02109  
 Telephone: (617) 542-2290  
 Telecopier: (617) 451-0313

Via Facsimile No.  
**COMMISSIONER FOR PATENTS**  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Date: March 3, 2004

Attorney  
 Docket No.: MBP-010XX

Sir:

In re application of: **DANIEL R. DIETRICH ET AL.**

Entitled: **COGENER INDEPENDENT DETECTION OF  
 MICROSYSTIN AND NODULARIN CONGENERS**

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$ ) per §1.17(e).
- ☐ Enter the unentered amendment previously filed on \_\_\_\_\_ per §1.116.
- ☒ A Petition for Extension of Time for 3 months is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$475.00) per §1.17.
- ☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ \_\_\_\_\_ is hereby appointed Associate Attorney by:
- Registration No.: \_\_\_\_\_

Attorney of Record:

Registration No.: \_\_\_\_\_

☒ Other: Replacement Sheet (Fig. 3)

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	1 - 3	= 0	x \$84.00 =	0
Total	26 - 28	= 0	x \$18.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$280.00 =	0
<b>SUBTOTAL ADDITIONAL FEE</b>				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				0
<b>TOTAL ADDITIONAL FEE</b>				0

- ☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$ ) for the cost of same.

- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.
- ☒ The Commissioner is hereby authorized to charge payment of \$475.00 to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Mary E. Ceperley, TC Art Unit 1641, Fax No. (703) 872 9306, on 3-3-4.

SUBMIT IN TRIPLICATE

Attorney of Record: *Charles L. Gagnebin III*  
 Registration No. 25,667